

# PART ONE: AGREEMENT INFORMATION

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| **DESCRIPTION OF PROPOSED PARTNER INSTITUTION** |
| ***Name of Proposed Partner Institution*** |  |
| ***Country*** |  |
| ***Address*** |  |
| ***Website*** |   |
| ***Size of Institution*** |  |
| ***Range of Programs Offered*** |  |
| ***Primary language(s) of instruction*** |  |
| ***List of courses taught in ENGLISH, and open to exchange students*** |  |
| ***Institutional Strengths*** |  |

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| **CONTACT PERSON RESPONSIBLE FOR AGREEMENT NEGOTIATION** |
| ***Name and Position*** |  |
| ***Address (if different from above)*** |  |
| ***Email*** |  |
| ***Telephone*** |  |
| ***Fax (if applicable)*** |  |

**AGREEMENT PARAMETERS:**

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| **STUDENT EXCHANGE** |
| ***Level of study for exchange students*** |  □ Undergraduate Students □ Graduate Students □ Both  |
| **Semester dates** |   Semester 1: Semester 2: |

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| **AGREEMENT RATIONALE** |
| ***Describe the intended areas of cooperation (which faculties/departments for student exchange)*** |  |
| ***How will this agreement benefit our institutions?*** |  |
| ***Do you anticipate any challenges or barriers? If so, how will these be overcome?*** |  |

# PART TWO: EXCHANGE PROGRAM INFORMATION

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| **CONTACT PERSON RESPONSIBLE FOR INCOMING EXCHANGE STUDENTS** |
| ***Name and Title*** |  |
| ***Address (if different from above)*** |  |
| ***Email*** |  |
| ***Telephone*** |  |
| ***Fax*** |  |
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| **APPLICATION PROCEDURE** |
| **Nomination deadline** |  (day/month/year) |
| **Application requirements** |  |
| **Application deadline for full year admission**  |  (day/month/year) |
| **Application deadline for 2nd semester admission**  |  *(*day/month/year) |
| **Where can we find information regarding courses offered?**  |  |
| **Are course descriptions available? When?** |  □ YES □ NO Dates:  |
| **How do students register for courses?** |  |
| **Deadline for course registration**  |  **Semester 1:**  (day/month/year) **Semester 2*:*** (day/month/year) |
| **Acceptance Letters Issued**  |  (day/month/year) |

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| **COURSES** |  |
| **Examination dates** |  |
| **Credit value per course**  |  |
| **Contact hours per course** |  |
| **Maximum credit load per semester** |  |
| **Grading scale**  |  |
| **When are transcripts sent to home institution?** |  ***Semester 1****:*  (day/month/year) ***Semester 2****:* (day/month/year) |

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| **SERVICES & FACILITIES** |
| **Accommodation** | □ On Campus Residence □ Off Campus  |
| **Assistance given to find Off Campus housing?** | □ YES □ NO |
| **Welcome / Orientation Session provided?** | □ YES □ NO If Yes, please provide dates: |
| **Does the institution have local emergency protocols?**  | □ YES □ NO |
| **Does the institution have a 24 hour emergency contact number?** | □ YES □ NO |
| **Does the institution have an on-site security service?** | □ YES □ NO  |
| **Medical Office available on campus?** | □ YES □ NO  |

**Please submit the completed form to:** Chau Hoang

Exchange Partnership Administrator

chau.hoang@carleton.ca